

# STATE OF SOUTH CAROLINA DEPARTMENT OF INSURANCE

300 Arbor Lake Drive, Suite 1200 Columbia, SC 29223 - P O Box 100105 Columbia, South Carolina 29202-3105

PHONE: (803) 737-6180 or 1-800-768-3467 - FAX: (803) 737-6231 - E-MAIL: [CnsmMail@doi.state.sc.us](mailto:CnsmMail@doi.state.sc.us)

## CONSUMER COMPLAINT FORM

1. Name \_\_\_\_\_ e-Mail: \_\_\_\_\_  
Insured (If different from above) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone number where you can be reached between 8:30 am – 5:00 pm \_\_\_\_\_
2. I am filing this complaint as the:  
☐ Insured ☐ Agent ☐ Medical Provider ☐ Third Party ☐ Beneficiary ☐ Other (Specify) \_\_\_\_\_
3. Policy # \_\_\_\_\_ Claim # \_\_\_\_\_ ID # \_\_\_\_\_ Date of Loss \_\_\_\_\_
4. Name of Insurance Company Involved: \_\_\_\_\_
5. If Group Medical Plan, Name of Employer offering coverage: \_\_\_\_\_
6. Name of Agent/Adjuster \_\_\_\_\_ Phone # \_\_\_\_\_
7. Type of Insurance (check one or more) ☐ Auto ☐ Home ☐ Business ☐ Life/Annuity ☐ Credit ☐ Group Acc/Health ☐ Long Term Care ☐ Other (specify) \_\_\_\_\_
8. Reason For Complaint (check one or more) ☐ Claim Denial/Delay ☐ Agent Handling ☐ Cancellation ☐ Unsatisfactory Offer ☐ Premium Problem ☐ Premium refund ☐ Non-Renewal ☐ Other (specify) \_\_\_\_\_
9. Cause of discrimination based on (check all that apply): ☐ Race ☐ Color ☐ Sex ☐ National Origin ☐ Age ☐ Location of Residence ☐ Income Level ☐ Marital Status ☐ Ancestry
10. Does an Attorney represent you? ☐ Yes ☐ No Please provide the Name, Address & Phone # of Attorney: \_\_\_\_\_
11. Have you previously written or faxed to the Division of Insurance regarding this matter: ☐ Yes ☐ No
12. Please describe your problem in detail. Include COPIES of important papers, letters, or other information, if they relate to your problem. PLEASE DO NOT SEND ORIGINAL DOCUMENTS. What would you consider to be a fair resolution of your problem? Attach additional pages, if necessary.  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

- ☐ **INFORMATION REGARDING SELF-FUNDED EMPLOYER BENEFITS PLANS:** Disputes involving SELF-Funded Employer Benefit Plans come under the jurisdiction of the United States Department of Labor. **1-866-275-7922.**
- ☐ **South Carolina State Employees or Retirees** medical, dental, disability and long term care issues come under the jurisdiction of the **SC State Insurance Plan: 1-888-260-9430 or 803-734-0678.**

**Consent to Release Information:** The information I have given above is true and accurate to the best of my knowledge. This information may be forwarded to the insurance company, if necessary for the investigation of this matter. I understand that under South Carolina's Freedom of Information Act this complaint becomes a public record once my file is closed. (Medical and personal records will remain confidential).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date